

## HAWAII STATE ETHICS COMMISSION

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STATE OF HARAS STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

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(Type or Print Clearly)

PARTI LOBBYIST		or i fill oldarly)	
			7
NAME(Last)	(First)	(Middle)	TELEPHONE
F	Dánhaid	11	(000) 000 1004
Egged	Richard	H.	(808) 923-1094
MAILING ADDRESS (Street)			FAX
2255 Kuhio Avenue, Suite 760			(808) 923-2622
,			(131, 313 131
(City)	(State)	(Zip	Code)
Honolulu	Hawaii	968	15
EMPLOYING ORGANIZATION (Fill	TELEPHONE		
MAILING ADDRESS (Street)			FAX
(2)	(21)		
(City)	(State)	(Zip	Code)

PART II ORGANIZATIO	N				
NAME OF ORGANIZATION YOU	TELEPHONE	TELEPHONE			
Waikiki Improvement	(808) 923-1094	(808) 923-1094			
MAILING ADDRESS (Street)	FAX	FAX			
2255 Kuhio Avenue,	(808) 923-2622	(808) 923-2622			
(City)	(State)	(Zip Code)			
Honolulu Hawaii 9		96815	815		
NAME OF PERSON RESPONSIBLE	FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE			
Same as above					
MAILING ADDRESS (Street)		FAX			
(City)	(State)	(Zip Code)			

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY								
	culture	Education		uman Services		Science, Technology & Economic Development		
·	munications & lic Utilities	Government Operations & Finance		tergovernmental Relations, ternational Affairs	[ X	Tourism & Recreation		
	sumer Protection & nmerce	Hawaiian Affairs	La	abor & Employment		Transportation		
· · · · · · · · · · · · · · · · · · ·	ure, Arts, Historic servation	Health		anning, Land & Water se Management		Other: (indicate below)		
	logy, Energy ironmental Protection	Housing	Pu	ublic Safety & Corrections				
L								
PART IV	CERTIFICATION	OF LOBBYIST						
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.  Signature of Lobbyist)  (Date)								
PARTV	AUTHORIZATION	TO LOBBY						
NAME			TITLE OF	AUTHORIZING OFFICER	OR PE	RSON REPRESENTED		
Richar	d H. Egged							
NAME OF O	RGANIZATION (if applic	able)		TEL	EPHON	IE .		
Waikiki Improvement Association			(8)	(808) 923-1094				
MAILING AD	DRESS (Street)			FAX				
2255 Kuhio Avenue, Suite 760			(8	(808) 923-2622				
(City)		(State)		(Zip Code)				
Honolu	lu .	_ Hawaii 96815						
I here	UHTA	ove hamed person to eng		oying activities on beha	If of the	e undersigned.		